## FILED May 10, 2000 8:00 am

	9			Secretary	r of State	
BACKUS	TURNER AND PARTNERS, I	NC.		,		
				05-10-2000 9003	35 001 ***900.00	
Principal Place	of Dusiness	Mailing Address		<del>-</del>		
·						
4100 N.E. 2ND / SUITE 206	AVE.	404-Washington Ave #600.				
MIAMI FL 33137	, **	MIAMI-BEACH FL 33137-35	38	* <del>* * *</del>	<del>0</del> 0	
US		US		I ANDIEN NOTE RINED INTER CONSTRUCTION DISTRICT	91011 B1011 A1011 B1011 A1011 ISB	
2. Principal Pl	ace of Business	3. Mailing Address	<del></del>			
•		4100 NG	SECOND AL		Afail Bieir aini; Biait ainit 1861	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		, DO NOT WRITE IN THE	IS SPACE	
City & State		City & State		4. FEI Number 59-2331593	Applied For	
		MIAM.	KL	30 200 1000	Not Applicable	
Zip	Country	Zip 33137	Country V	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
			Name			
TURNER, LAWRENCE O., JR			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
494 WASHINGTON AVE SUITE 600			410		206	
MAIM	4 <del>I BEACH FL 33139</del>		, '			
			City		Zip Code	
			MI	<u> </u>	<u>- 33/37</u>	
8. The above	named entity submits this statement for	r the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida.		
		)			1	
SIGNATURE _	Signature, typed or printed name of registered agent a	and title if applicable (Not)	: Registered Agent signature req	urred when reinstating)	<u> </u>	
	Signature, typed or printed name or registered agent a	5 NCO- C.	NUNCY JE			
O This posses	ration is eligible to satisfy its Intangible			I		
•	•	L.	!!! FEE IS \$150.00	10. Election Campaign Financing	<b>\$5.00</b> May Be	
Tax filing re	equirement and elects to do so.  ia on back)	After MAY 1, 20	000 Fee will be \$550.0	Trust Fund Contribution.	\$5.00 May Be Added to Fees	
Tax filing re (See criteri	equirement and elects to do so. ia on back)	After MAY 1, 20 Make Check Payat		OO Trust Fund Contribution.	Added to Fees	
Tax filling re (See criteri	equirement and elects to do so.	After MAY 1, 20 Make Check Payat	000 Fee will be \$550.0 ble to Department of	Trust Fund Contribution.	Added to Fees	
Tax filing re (See criteri	equirement and elects to do so. ia on back)  OFFICERS AND  T TURNER, ROBERTA BACKUS	After MAY 1, 20 Make Check Payal DIRECTORS	000 Fee will be \$550.0 ble to Department of 12.	Trust Fund Contribution.  State  ADDITIONS/CHANGES TO OFFICERS A	Added to Fees  ND DIRECTORS IN 11  Z-enange	
Tax filling re (See criteri 11. TITLE NAME STREET ADDRESS	OFFICERS AND T TURNER, ROBERTA BACKUS 404 WASHINGTON AVE #600	After MAY 1, 20 Make Check Payal DIRECTORS	DOD Fee will be \$550.0 ble to Department of S  12.  TITLE  NAME  STREET ADDRESS	Trust Fund Contribution.  State  ADDITIONS/CHANGES TO OFFICERS A  4100 NG SGCONO	Added to Fees  Added to Fees  AD DIRECTORS IN 11  Coloriange Addition  Are \$ 206	
Tax filling re (See criteri 11. TITLE NAME	OFFICERS AND  T TURNER, ROBERTA BACKUS 404 WASHINGTON AVE #600 MIAMI-BEACH FL	After MAY 1, 20 Make Check Payat DIRECTORS  Delete	DOD Fee will be \$550.0 ble to Department of 12.  TITLE NAME	Trust Fund Contribution.  State  ADDITIONS/CHANGES TO OFFICERS A  4100 NG SGCONO	Added to Fees  Added to Fees  AD DIRECTORS IN 11  Coloriange Addition  Are \$ 206	
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Tax filing re (See criteri  11.  TITLE NAME STREET ADDRESS CITY- ST-ZIP  TITLE NAME	OFFICERS AND T TURNER, ROBERTA BACKUS 404 WASHINGTON AVE #600 MIAMI-BEACH FL DP TURNER, LAWRENCE O., JR.	After MAY 1, 20 Make Check Payat DIRECTORS  Delete	DOD Fee will be \$550.0 ble to Department of S  12.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME	Trust Fund Contribution.  State  ADDITIONS/CHANGES TO OFFICERS A  4100 NG SGCONO  MAM, FL 3313	Added to Fees  Added to Fees  ADD DIRECTORS IN 11  Clemange Addition  Are * 206	
Tax filing re ('See criteri  11.  TITLE NAME STREET ADDRESS CITY- 3T-ZIP  TITLE NAME STREET ADDRESS	OFFICERS AND T TURNER, ROBERTA BACKUS 404 WASHINGTON AVE #600 MIAMI-BEACH FL DP TURNER, LAWRENCE O., JR. 404 WASHINGTON AVE #800	After MAY 1, 20 Make Check Payat DIRECTORS  Delete	DOD Fee will be \$550.0 ble to Department of S  12.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE	Trust Fund Contribution.  State  ADDITIONS/CHANGES TO OFFICERS A  4100 NE SECO.VS  MAM, FL 3313  4100 NE SECO.VS	Added to Fees	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE(

2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # G49552**